



Do Well, Be Well with Diabetes

http://fcs.tamu.edu/health/type_2_diabetes/type_2_diabetes.php

Do Well, Be Well with Diabetes is a program covering basic nutrition and self-care management topics. The program helps people with diabetes learn the skills needed to manage their disease successfully.

The Issue

- ◆ The number of Americans with diabetes is projected to increase 43 percent, growing from 12.1 million to 17.4 million by 2020.
- ◆ Health care costs now average \$13,243 per person with diabetes, for an annual total cost of \$132 billion in the U.S. — \$92 billion (70 percent) for health care and \$40 billion (30 percent) in lost productivity.
- ◆ Men with diabetes miss an average of 11 work days each year; women miss about 9 work days.
- ◆ Almost \$1 of every \$5 spent on health care is for people with diabetes.
- ◆ Currently, only 7 percent of people with diabetes are at recommended levels for blood glucose, blood pressure, and blood cholesterol.
- ◆ Poor diabetes management leads to increased health care costs.
- ◆ People with diabetes who maintain their blood glucose, blood pressure, and cholesterol numbers within recommended ranges can keep their costs, health risks, quality of life, and productivity very close to those without the disease.

Background

- ◆ Diabetes occurs when the body does not make enough insulin, or the insulin it makes does not work properly.
- ◆ While diabetes is not curable, it is manageable.
- ◆ Skills needed to effectively manage diabetes are well documented.
- ◆ Diabetes education is not readily available.
- ◆ Burdens of diabetes mismanagement are disproportionately borne by those with little or no insurance coverage, lower literacy, poor or no English skills, lower educational and income levels, and poor access to transportation.

Severity of the Problem

- ◆ The annual cost of diabetes in Texas is estimated at \$9 billion.
- ◆ 7.7 percent of Texans 18 years old or older are diagnosed with diabetes; another 400,000 have diabetes but do not know it.
- ◆ Texas is projected to have a greater incidence rate and increased costs in the future due to the growing population of Hispanics/Latinos, who are at a greater risk for the disease.

The Educational Program

- ◆ Extension health professionals developed *Do Well, Be Well with Diabetes*, a low-cost class series covering self-care and nutrition topics delivered in six sessions; beginning in 2007, nine topics will be covered in five sessions.
- ◆ Class materials include a curriculum consistent with the American Diabetes Association Standards of Care along with PowerPoint® presentations, videos, a complete marketing package, and an evaluation program.
- ◆ Local volunteer health professionals, with leadership by county Extension agents, use *Do Well, Be Well with Diabetes* class materials to teach the classes.
- ◆ The primary goal of the program is to improve blood glucose management.

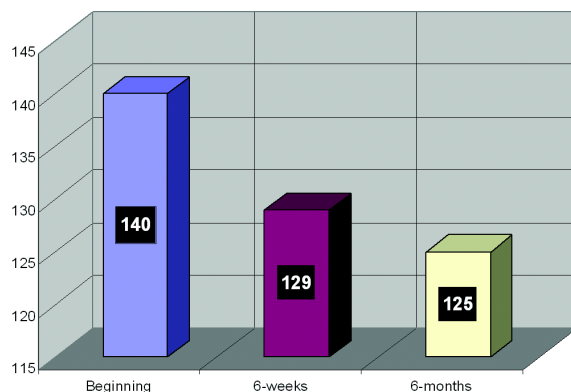
Impact of the Program

- ◆ Pilot tested in 12 counties in 2002.
- ◆ Offered in 102 counties during 2003, 83 in 2004, and 75 in 2005. Over 140 Extension agents have been trained to implement the program.
- ◆ Coalition members support implementation of *Do Well, Be Well with Diabetes*. Coalition members include physicians, physician assistants/nurse practitioners, nurses, dietitians, pharmacists, clergy, podiatrists, health educators, optometrists/opthamologists, social workers, persons with diabetes, physical therapists, and others. Coalition members taught classes and assisted Extension agents

with marketing, registration, data collection, food preparation demonstrations, procurement of medical supplies such as glucose meters for participants, and finding convenient community locations for classes.

- ◆ 1,379 people with diabetes registered for classes; 874 (63 percent) completed the six week series and the Wrap-Up or post-test; 116 (8 percent) returned for the Six Month Follow Up.
- ◆ The average age of participants with diabetes was 62.
- ◆ 112 were African American, 10 Asian, 221 Hispanic/Latino, 26 Native American, 990 Caucasian, and 10 other.
- ◆ 940 (69 percent) participants reported having no previous diabetes classes, indicating a critical need for diabetes education.
- ◆ 590 (44 percent) reported they had a diagnosis of diabetes five or more years prior to taking this class, while 326 (24 percent) reported 2–4 years since diagnosis, and 419 (31 percent) reported having diabetes one year or less.
- ◆ 560 (41 percent) reported receiving no meal plan from their doctor; 254 were advised to just not eat or drink sweet things (18 percent).
- ◆ Participants reported their blood glucose was 140 mg/dL at the beginning of classes, decreasing to 129 mg/dL at 6 weeks, and to 125 mg/dL at 6 months.
- ◆ 86 percent of participants rated the classes as excellent.

Before and After Class Blood Glucose Levels



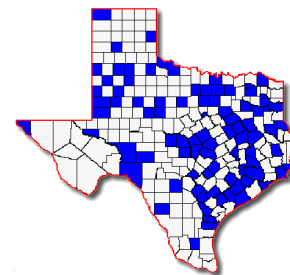
Economic Impact

The potential lifetime health care cost savings, resulting from improved management of diabetes by 2006 participants, is an estimated \$96.4 million.

Success Stories

- ◆ “I never realized the importance of exercise. I began walking every morning five weeks ago, and my blood sugar has dropped so much that my doctor told me to quit taking my morning diabetes medication.”
- ◆ “I must be doing something right because this morning my blood sugar was the best it’s ever been” (2 days after last class).
- ◆ “I’ve been told for years to read labels, but I never knew what I was supposed to read. I’m now reading all my labels since I know what to look for.”
- ◆ “After taking these classes, I’ve become my own advocate. I’ll take charge of my diabetes by being an informed patient and knowing what questions to ask my doctor.”
- ◆ “After hearing the speaker talk about complications of diabetes, I have renewed determination to keep my diabetes under control.”
- ◆ “I’m amazed at portion sizes! I had been eating much more than I needed, but I can already see a difference since reducing my portions.”

Texas Counties Implementing the
Do Well, Be Well with Diabetes
Curriculum in 2006



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